Name in Full: William Blandfield

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Warwick — County: Cecil

Date of death: 1904 — Month: Aug — Day: 31 — Age: Years: 41 — Months: 0 — Days: 0

Sex: Male — Color or Race: White American — Birthplace: New Castle Co Del

Occupation: Laborer — Where Residing if not at place of death: New Hyrwick

Married, Single or Widowed — Name of Wife or Husband: Ida Blandfield

Father's Name: James Blandfield — Father's Birthplace: Del

Mother's Maiden Name: Sarah Simmons — Mother's Birthplace: Del

Name of person giving Information: Step son James Stark — How related to deceased: son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Exposure — How long: Several days

Immediate: Congestion of Brain — How long: 24 Hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J J Wright

Address: Warwick Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Mary Boulden

Town: Bank County: Cecil MARYLAND

Died at

Date ~~189~~	Month	Day	Age Y.	M.	D.	Native of	Occupation
1904	May	12	71			Md	Farmer

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband of / ~~Wife~~

Father's Name: Richard Boulden

Mother's Name:

Cause of Death — Primary: Phthisis pulmonalis — How long sick: 10 yrs

Immediate

Accident, Suicide, Homicide

Reported by: Smith & Stubbard

Address: Hendrick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mary Elizabeth Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Pleasant Hill — County: Laurel

Date of death 1904 — Month: 8 — Day: 22

Age — Years: 43 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Carlisle Ind.

Occupation — Where Residing if not at place of death: At Pleasant Hill

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: Lewis Brown

Father's Name — Father's Birthplace

Mother's Maiden Name: Frances Crouch — Mother's Birthplace: Kentucky

Name of person giving information: Lewis Brown — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Appendicitis — How long: one hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Pollard Md

Address: Fayetteville Md

Accident or Suicide?

LIBRARY BUREAU A66614

Name in Full: Walter E Campbell

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Blythedale County: Cecil

Date of death 1904: Month: Aug Day: 12 Years: Age 1 Months: 9 Days:

Sex: Male Color or Race: White Birthplace: Blythedale

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Walter Campbell Father's Birthplace: Cecil Co

Mother's Maiden Name: Ella Jackson Mother's Birthplace: " "

Name of person giving information: Ella Campbell How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption. How long: 1 yr

Immediate: Inanition How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H E Brown

Address: Port Deposit Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Hazel Gertrude Chambers

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cecil Paper Mills — County: Cecil

Date of death 1904 — Month: August — Day: 4 — Age — Years: one — Months: 11 — Days: 24

Sex: Female — Color or Race: White — Birthplace: Wrightsdale Pa.

Married, Single or Widowed — Occupation

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry Chambers — Father's Birthplace: Eldora Pa.

Mother's Maiden Name: Sadie F. Altland — Mother's Birthplace: Norristville Pa.

Name of person giving information: Fannie F. Altland — How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia Whooping cough — How long: Two months

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: B Shreve

Address: Rising Sun Md.

Accident or Suicide?

LIBRARY BUREAU A2881G

Name in Full: Michael Clink

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Rockville; County: Mont Co.

Date of death 1904: Month: 8; Day: 3; Age: Years: 65; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Germany

Married, Single or Widowed: Single; Occupation: Farmer

Name of Wife or Husband:

Father's Name: [illegible]; Father's Birthplace:

Mother's Maiden Name: [illegible]; Mother's Birthplace:

Name of person giving information: Mrs Dempleton; How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Heart Disease; How long: 7 month

Immediate: Dropsy; How long: 8 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. M. Black

Address: Rockville Md

Accident or Suicide?

LIBRARY BUREAU A38519

Name in Full: Thomas Nathaniel Cornish

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Port Deposit — County: Cecil

Date of death: Month: Aug — Day: 18 — 1904

Age — Years: — Months: 5 — Days:

Sex: Male — Color or Race: Colored — Birthplace: Port Deposit

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Sylvester Cornish — Father's Birthplace: Cecil Co

Mother's Maiden Name: Lena Owens — Mother's Birthplace: " "

Name of person giving Information: Lena Cornish — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malnutrition — How long:

Immediate: Marasmus — How long: 1 Mo.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. C. Donahoo

Address: Port Deposit

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full — Certificate of Death

Mary J. Crothers

Died at — Town: Linn — County: Carroll — MARYLAND

Date 1900 Aug 22 — Month: Aug — Day: 22 — Age: Y. 4 M. D. — Native of: Md — Occupation: None

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living: None

~~Husband~~ of Wife

Father's Name: J. F. Crothers

Mother's Name: Mary [illegible]

Cause of Death — Primary: Cancer

Immediate: Septicemia

How long sick: 2 yrs

Accident, Suicide, Homicide

Reported by: W. Rudisill

Address: Linn Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Nora Crowley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Near Warwick — County: Cecil

Date of death 1904 — Month: Aug — Day: 30 — Age — Years: 5-8 — Months: 7 — Days: 24

Sex: Female — Color or Race: White — Birthplace: County Cork Ireland

Occupation: None — Where Residing if not at place of death: Glens Falls N.Y.

Married, Single or Widowed: Widowed — Name of Wife or Husband: Nora Crowley

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm. Kelleher — Father's Birthplace: Co. Cork Ireland

Mother's Maiden Name: Ellen Murphy — Mother's Birthplace: Co. Cork Ireland

Name of person giving Information: C. A. Crowley — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemorrhage — How long: Near Two Months

Immediate: Tuberculosis — How long: 8 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J J Wright M.D.

Address: Warwick Md

~~Accident or Suicide~~?

LIBRARY BUREAU A88516

In Full: Eliza J. Denny

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elkton; County: Cecil

Date of death 1904: Month: Aug; Day: 13; Age: Years: 49; Months; Days

Sex: Female; Color or Race: White; Birthplace: Del

Occupation: Housekeep; Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~: Married; Name of ~~Wife~~ or Husband: Charles E Denny

Father's Name: Edward Phillips; Father's Birthplace:

Mother's Maiden Name: Sarah Hurt; Mother's Birthplace:

Name of person giving Information: Chas E Denny; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Stomach; How long:

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm D. Cawley

Address: Elkton Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: William Foster

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Blake — County: Cecil

Date of death 1 90 — Month: 8 — Day: 5 — Age: Years: 80 — Months: — Days:

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birthplace: Ireland

Occupation: Farmer — Where Residing if not at place of death: Near Blake

Married, Single or Widowed: Married — Name of Wife or Husband: Sarah Foster

Father's Name: James Foster — Father's Birthplace: Ireland

Mother's Maiden Name: Leletia Forsythe — Mother's Birthplace: Ireland

Name of person giving Information: Robert Foster — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arteris-sclerosis — How long: several years

Immediate: mal nutrition — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David Mackey

Address: Lewisville Pa.

Accident or Suicide? No

LIBRARY BUREAU A88516

Interment Newark
Del.

Name in Full: John Edward Gould

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Warwick — County: Cecil

Date of death 1904 — Month: Aug — Day: 17 — Age: Years 38 — Months 9 — Days 6

Sex: Male — Color or Race: Colored American — Birthplace: Sassafras Md

Married, ~~Single~~ or ~~Widowed~~ — Occupation: Laborer

Name of Wife or Husband: Lydia Gould

Father's Name: Frisby Gould — Father's Birthplace: Sassafras Md

Mother's Maiden Name: Edgar Gould — Mother's Birthplace: Sassafras Md

Name of person giving information: Edward Gould — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Exposure — How long: 6 months

Immediate: Hypertrophy of Heart — How long: 2 Weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. J. Wright

Address: Warwick Md

~~Accident or Suicide?~~

LIBRARY BUREAU A6851B

Name in Full: John H Green

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Cecilton — County: Cecil

Date of death 1904 — Month: 4. aug — Day: 27 — Age — Years: 78 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Kent Co Md

Married, Single or Widowed: married — Occupation: Farm Laborer

Name of Wife or Husband: Hannah Green

Father's Name: John Green — Father's Birthplace: Kent Co Md

Mother's Maiden Name: Sarah Burgis — Mother's Birthplace: " " "

Name of person giving information: Dan Black — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Cardiac Calculi — How long: 10 months

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm Crawford

Address: Cecilton Md

Accident or Suicide?

LIBRARY BUREAU A69516

Name in Full: Earl Hall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Blake — County: Cecil

Date of death: Month: 8 — Day: 11 — 1904

Age: Years: — Months: 7 — Days:

Sex: Male — Color or Race: White — Birthplace: Penna

Occupation: — Where Residing if not at place of death: near Blake

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: James Gilmer Hall — Father's Birthplace: near Zion Md

Mother's Maiden Name: Mary Elizabeth Sweed — Mother's Birthplace: near Oxford Pa

Name of person giving In formation: James Gilmer Hall — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 3 days

Immediate: Do — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jos Richardson

Address: Calvert Md

Accident or Suicide?

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LIBRARY BUREAU A66916

Interment Little Elk Pa.

Name in Full: S. T. Hindman.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Colora — County: Cecil

Date of death 1904 — Month: Aug. — Day: 5 — Age: Years 57 — Months 4 — Days 3

Sex: Male — Color or Race: White — Birthplace: Colora

Occupation: Farmer — Where Residing if not at place of death: Colora

Married, Single or Widowed: Married — Name of Wife or Husband: Jennie C Hindman

Father's Name: R. N. Hindman — Father's Birthplace: Colora

Mother's Maiden Name: Rachel M Swisher — Mother's Birthplace: Rowlandville

Name of person giving In formation: Jennie C Hindman — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Paralysis — How long: 6 years

Immediate: Ex Lanestion — How long: 7 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ernest Rowland

Address: Liberty Mills Md

Accident or Suicide?

LIBRARY BUREAU A66618

Name in Full: Ella Howett.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Greenhurst — County: Cecil

Date of death 1904: Month: Aug — Day: 16 — Age: Years: 42 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Penna. Lanc. Co.

Occupation: housewife — Where Residing if not at place of death: Greenhurst

Married, Single or Widowed: Married — Name of Wife or Husband: Eber Howett.

Father's Name: James Wright — Father's Birthplace

Mother's Maiden Name: Elizabeth Wright — Mother's Birthplace: Lanc. Co Pa

Name of person giving Information: Eber Howett — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Died suddenly on Woodlawn Cemetery Grounds. — How long

Immediate: Supposed to be Hemorrhage of Brain — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Saml A Taylor Undertaker

Address: Rising Sun, Md.

Accident or Suicide? No

LIBRARY BUREAU A30516

Name in Full: Lucetta A. Hughes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chesapeake City; County: Cecil

Date of death 190[illegible]: Month: 8; Day: 25th; Age: Years: 74; Months: —; Days: 23

Sex: Female; Color or Race: White; Birthplace: New Jersey

Married, Single or Widowed: Widow; Occupation: Housekeeper

Name of Wife or Husband: Jas. B. Hughes

Father's Name: Jno R. Dunham; Father's Birthplace: don't Know

Mother's Maiden Name: Anna Garrison; Mother's Birthplace: New Jersey

Name of person giving information: Anna B. Dunham; How related to deceased: Neice

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 79; How long: don't Know

Immediate: Heart Lesion; How long: two years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm P Barnes MD

Address: Chesapeake City Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Caroline Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Blythedale; County: Cecil

Date of death 1 90: Month: Aug; Day: 22

Age: Years: —; Months: 4; Days:

Sex: Female; Color or Race: White; Birthplace: Blythedale

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Edward A Jackson; Father's Birthplace: Cecil Co

Mother's Maiden Name: Hannah J Founds; Mother's Birthplace: " "

Name of person giving Information: Edw A Jackson; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Convulsions; How long: two days

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. W. Hemp

Address: Perryville Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Hazell Jenkins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Warwick — County: Cecil

Date of death: 1904 — Month: Aug — Day: 21

Age — Years: 0 — Months: 0 — Days: 21

Sex: Male — Color or Race: Black Mongrel — Birthplace: Warwick Md

Occupation: — Where Residing if not at place of death: Warwick Md

~~Married, Single or Widowed~~ — Name of ~~Wife or Husband~~:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Clarence Jenkins — Father's Birthplace: Warwick

Mother's Maiden Name: Ollie Hollingsworth — Mother's Birthplace: Warwick

Name of person giving information: Clarence Jenkins — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hernia — How long: From Birth

Immediate: Enteritis — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. J. Wright

Address: Warwick

~~Accident or Suicide?~~

1908

LIBRARY BUREAU A68816

Name in Full: Walter Jenkins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Warwick — County: Cecil

Date of death: 1904 — Month: Aug — Day: 27 — Age: Years: 26 — Months — Days

Sex: Male — Color or Race: Col — Birthplace: Cecil Co.

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Ellen Jenkins

Father's Name: William Jenkins — Father's Birthplace:

Mother's Maiden Name: Anna Wallace — Mother's Birthplace:

Name of person giving In formation: John Hollingsworth — How related to deceased: None

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: From a bullet accidentally discharged from a pistol in the hands of — How long:

Immediate: Dennis Perkins aug 27 1904 — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm D. Cawley

Address: Physician & Coroner Elkton Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A88816

Name in Full: Rebecca Jane Jewell

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Dion — Town — County: Cecil

Date of death 1904 — Month: Aug — Day: 9 — Age: Years 44 — Months — Days 4

Sex: Female — Color or Race: White — Birthplace: Cecil Co. Md.

Occupation: — Where Residing if not at place of death: Near Dion Md.

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: H. S. Jewell — Father's Birthplace: Pa.

Father's Name: Peter Raysner — Mother's Maiden Name: Mary Sapp — Mother's Birthplace: Md.

Name of person giving Information: H. S. Jewell — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 42 — How long

Immediate: Cancer of Uterus — How long 2 yrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr Griffin

Address: Rising Sun Md

Accident or Suicide?

LIBRARY BUREAU A66518

Name in Full: Cassius E. Johns

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Port Deposit — County: Cecil

Date of death: 1904 — Month: 8 — Day: 30 — Age: Years: 57 — Months: 7 — Days: 15

Sex: Male — Color or Race: White — Birthplace: York Co Pa

Occupation: Carpenter — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Caroline E. Johns

Father's Name: Joshua Johns — Father's Birthplace: Lancaster

Mother's Maiden Name: Mariah McKonkey — Mother's Birthplace:

Name of person giving Information: Howard Johns — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 2 years

Immediate: Exhaustion — How long:

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. E. Brown MD

Address: Port Deposit Cecil Co Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88016

Name in Full: Emanuel Lamm

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Colora; County: Cecil

Date of death: Month: Aug; Day: 29th; Year: 1904

Age: Years: 74; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Germany

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Widowed; Name of Wife or Husband:

Father's Name: Not-Known; Father's Birthplace: —

Mother's Maiden Name: Not-Known; Mother's Birthplace: —

Name of person giving Information: Lizzie Lamm; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis of bowels or intestines; How long: 3 mo

Immediate: Exhaustion & exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. H. Thomas

Address: Rising Sun Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Martha Morris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elkton — County: Cecil

Date of death: 1904 — Month: Aug. — Day: 4

Age: Years: — Months: 6 — Days: —

Sex: Female — Color or Race: White — Birthplace: Elkton

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Enos Morris — Father's Birthplace: Md

Mother's Maiden Name: Tillie McCool — Mother's Birthplace: "

Name of person giving In formation: Enos Morris — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Don't Know — How long: Don't Know

Immediate: Inanition — How long: don't Know

Are the name, age, sex, color. date and place correctly given above? yes

Signature of Physician: Jno. Woodward Jr

Address: Elkton. Md

Accident or Suicide?

LIBRARY BUREAU A99818

Name in Full: William Henry Patten

7th Dist.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)	Liberty Grove.	(County)	Cecil		
Date of death 1904	Month: Aug	Day: 28	Age: Years Born	Months dead	Days —
Sex	Male	Color or Race	White	Birthplace	Liberty Grove
Occupation	—	Where Residing if not at place of death	—		
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	Walter E Patten Sr.			Father's Birthplace	Liberty Grove
Mother's Maiden Name	Emma L. Heikholtz			Mother's Birthplace	Washington D.C.
Name of person giving information	Walter E Patten Father of Child			How related to deceased	Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Due to expulsion in an undeveloped condition	How long	
Immediate	& to compression upon Head,	How long	Through delivery
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Ernest Rowland
Craniotomy performed		Address	Liberty Grove Md
Accident or Suicide?			Dr. Donahoo, Port Deposit

LIBRARY BUREAU A88518

Name in Full: James Earl Pierce

Col Dept

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Colora — County: Cecil

Date of death: 1904 — Month: Aug — Day: 23

Age: Years: — Months: 5 — Days: 28

Sex: Male — Color or Race: White — Birthplace: Colora, Md

Occupation: — Where Residing if not at place of death: " — "

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: Julia M Pierce — Mother's Birthplace: Colora Md

Name of person giving information: Julia M Pierce — How related to deceased: mother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: 2 4 hours

Immediate: Cholera Infantum — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr J B Lucas

Address: Rising Sun Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Mary L. Pryor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elk Neck — County: Cecil

Date of death 1904 — Month: 8 — Day: 15 — Age: Years 38 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Bayview

Occupation: Housekeeper — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Jas W. Pryor

Father's Name: Wesley Tyson — Father's Birthplace: dont no

Mother's Maiden Name: Hester Thompson — Mother's Birthplace: dont no

Name of person giving Information: James M Pryor — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 2 Years

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B Brundage

Address: Elk Neck Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Anna Mary Richardson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Leeds; County: Cecil

Date of death: Month: aug; Day: 2; 1904; Age: Years: 63; Months: —; Days: —

Sex: Female; Color or Race: Black; Birthplace: Md

Occupation: House w~~ife~~k; Where Residing if not at place of death: 1

Married, Single or Widowed: Married; Name of ~~Wife or~~ Husband: Enoch Richardson

Father's Name: Parker; Father's Birthplace: —

Mother's Maiden Name: Brown; Mother's Birthplace: —

Name of person giving Information: Enoch Richardson; How related to deceased: Husband

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Death was sudden & unpleased to him; How long

Immediate: Chronic heart disease; How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. [illegible]

Address: Elkton, Md

Accident or Suicide?

LIBRARY BUREAU A88318

No Physician in attendance

Reported by
O. S. Grant
Undertaker

Cherry Street No 1

107

Name in Full: Sarah Robinson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Port Deposit — County: Cecil

Date of death	Month	Day	Years	Months	Days
1904	aug	16	Age 2	9	21

Sex: Female — Color or Race: Colored — Birthplace: Port Deposit

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name	Chas. Robinson	Father's Birthplace	Richmond Va
Mother's Maiden Name	Lizzie Tailor	Mother's Birthplace	Port Deposit
Name of person giving information	Lizzie Robinson	How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Whooping Cough	How long	4 weeks.
Immediate	Broncho Pneumonia	How long	5 days —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. C. Donahoo

Address: Port Deposit Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Geo G Ryan

CERTIFICATE OF DEATH

MARYLAND

Died at: Blythedale — County: Cecil

Date of death: Month: Aug — Day: 3 — Year: 1904 — Age: Years: 67 — Months: 4 — Days:

Sex: Male — Color or Race: White — Birthplace: Cecil Co

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Ryan — Father's Birthplace: —

Mother's Maiden Name: Elizabeth Armstrong — Mother's Birthplace: —

Name of person giving Information: John E Jackson — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Albuminuria — How long: Two days

Immediate: (Uremia) — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. M. Stevens

Address: Principio Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mary E Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elkton; County: Cecil

Date of death: 1904; Month: Aug; Day: 4; Years: Age 12; Months; Days

Sex: Female; Color or Race: White; Birthplace

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Richard Smith; Father's Birthplace: Md

Mother's Maiden Name: Estella Taylor; Mother's Birthplace: Md

Name of person giving information: —; How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Tuberculosis; How long: 1 yr?

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Custer Mitchell MD

Address: Elkton Md.

Accident or Suicide: —

LIBRARY BUREAU A83916

Name in Full: Earle Leon Snyder. 6th Dist

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rowlandville; County: Cecil Co.

Date of death: Aug 23 1904; Month: Aug; Day: Thursday; Age: Years: one; Months: eleven; Days:

Sex: male; Color or Race: white; Birthplace: Rowlandville

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: S. Leslie Snyder. Father's Birthplace: Columbia Pa.

Mother's Maiden Name: Mary H. Nickle. Mother's Birthplace: Rising Sun Md.

Name of person giving In formation: Annie. S. Nickle. How related to deceased: Cousin.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Dysentery. How long: 10 days

Immediate: Paralysis of Heart. How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. M. Logan M. D.

Address: Conowingo Md.

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Mary Ann Thompson

CERTIFICATE OF DEATH

MARYLAND

Died at: Rising Sun — Town: Rising Sun — County: Cecil

Date of death: 1904 — Month: August — Day: 13

Age — Years: 24 — Months: 2 — Days: 5

Sex: Female

Color or Race: White

Birthplace: Oxford Pa.

Occupation: House wife

Where Residing if not at place of death: Oxford, Pa.

Married, Single or Widowed: married

Name of Wife or Husband: John Thompson

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Arthur M. Hamilton

Father's Birthplace: New York

Mother's Maiden Name: Mary McIntire

Mother's Birthplace: Richmond Va

Name of person giving Information: John Thompson

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric fever — How long: 5 weeks

Immediate: Intestinal perforation & hemorrhage — How long: 36 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. L. Mitchell

Address: University Hospital Baltimore, Md.

Accident or Suicide? no.

LIBRARY BUREAU A66516

Name in Full: Sarah Tiller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Cecilton; County: Cecil

Date of death: 1904; Month: 8; Day: 4; Years: Age; Months: 7; Days: 1

Sex: Female; Color or Race: Negro; Birthplace: Cecil Co

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Geo Tiller

Father's Birthplace: Cecil Co

Mother's Maiden Name: Irene Morris

Mother's Birthplace: "

Name of person giving Information: Jno Coffay undertaker

How related to deceased: None

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Supposed to be

How long:

Immediate: Cholera Infantum

How long: 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. H. Black Sub Reg'st

Address: Cecilton Md

No. D. in attendance

Accident or Suicide?

LIBRARY BUREAU A89316

Name in Full: Robert Lawson Tosh.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Colora County: Cecil

Date of death: Month: August Day: 28 Year: 1904

Age: Years: 76 Months: Days: 16

Sex: Male Color or Race: White Birthplace: Colora

Occupation: Farming. Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or ~~Husband~~: Anna Clendenin

Father's Name: William Tosh. Father's Birthplace: Ireland

Mother's Maiden Name: Eleanor Nesbitt. Mother's Birthplace: Maryland

Name of person giving information: Adda C. Tosh How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition Senile & General debility How long: One Year

Immediate: Heart failure ~~&c~~ Acute Dysentery How long: One week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John H. Jennings

Address: Rising Sun, Md.

~~Accident or Suicide~~?

LIBRARY BUREAU A63516

CERTIFICATE OF DEATH

MARYLAND

Name in Full Mary Elizabeth Tyson

Died at Town: Near Blake County: Anne Arundel

Date of death 1904 Month: 8 Day: 7 **Age** Years: 70 Months: 10 Days:

Sex Female **Color or Race** White **Birthplace** Near Blake

Occupation **Where Residing if not at place of death** Near Blake

Married, Single or Widowed Single **Name or Wife or Husband**

Father's Name Nathan Tyson **Father's Birthplace** Penna.

Mother's Maiden Name Margaret Mackey **Mother's Birthplace** Near Blake

Name of person giving information Mrs. M. E. Miller **How related to deceased** Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary **How long**

Immediate Cancer of Stomach **How long** 9 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician D. L. Gifford

Address Annapolis Md

Accident or Suicide?

LIBRARY BUREAU ADDIS

Enlarement Staples Rd.

Name in Full: Charles R Tarmont

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): near Port Deposit — County: Cecil

Date of death: Month: Aug — Day: 13 — Years: 1904 — Age: Months: 8 — Days:

Sex: Male — Color or Race: White — Birthplace: Cecil Co

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Wm Tarmont — Father's Birthplace: Cecil Co.

Mother's Maiden Name: Maud Fisher — Mother's Birthplace: " "

Name of person giving Information: Wm Tarmont — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of ~~Physician~~: W C Jackson M D

Address: Blythedale Md

LIBRARY BUREAU A68516

Name in Full: Lewis P. O'Whirlow Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North East — County: Cecil

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: 8	Day: 31	Age — Years:	Months: 5	Days:
Sex: Male	Color or Race: White		Birthplace: North East		
Occupation		Where Residing if not at place of death:	North East		
Married, Single or Widowed: Single	Name of Wife or Husband				
Father's Name: Lewis P. O'Whirlow			Father's Birthplace: Bay View		
Mother's Maiden Name: Bertha L. Lockard			Mother's Birthplace: Elkton Md		
Name of person giving In formation: Lewis P. O'Whirlow			How related to deceased: Father		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis	How long: One week
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: Chas A Worrall
	Address: North East Md
Accident or Suicide?	

LIBRARY BUREAU A88516

Ray Brien

Name in Full: Hugh A. Wilson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Port Deposit; County: Cecil

Date of death: Month: Aug; Day: 7; 1904

Age: Years: 37; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Port Deposit

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Florence Wilson

Father's Name: Wm Wilson

Father's Birthplace: /

Mother's Maiden Name: Indiana Lawrence

Mother's Birthplace: Port Deposit

Name of person giving information: " "

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: No Physician

How long:

Are the name, age, sex, color, date and place correctly given above? /

Signature of Physician: W C Jackson M D

Address: Blythedale Md

Accident or Suicide:

LIBRARY BUREAU A888516

Inquiries

Name in Full: Rebecca A Wilson.

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near Port Deposit (County) Cecil

Date of death 1904 — Month: Aug — Day: 7 — Age: Years 78 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Cecil Co

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Alexander Wilson

Father's Name: John Winchester — Father's Birthplace: —

Mother's Maiden Name: Elizabeth Sevison — Mother's Birthplace: —

Name of person giving Information: Alexander Wilson — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate — How long

No Physician 1/7

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~ W C Jackson M.D.

Address Blythedale Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Leone

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chesapeake City — County: Cecil

Date of death 1904: Month: Aug. — Day: 14th — Age: Years: — Months: — Days: 6

Sex: — Color or Race: White — Birthplace: Ches. City

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Leum Wood — Father's Birthplace: Ches. City Md

Mother's Maiden Name: Elsey Roberts — Mother's Birthplace: Town Point

Name of person giving information: — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infantile Eclampsia (Tetanus Neonatorum) — How long: 24 Hours

Immediate: — How long: 12 Hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician:

Address:

Accident or Suicide?

LIBRARY BUREAU A88516

Did not attend the mother in her accouchement
on the 8th of Aug. Was called at 6 PM Aug 13th found
the Infant without any evidence of convulsion - but every
Muscle of the body rigid as in Tetanus - the mouth was
so firmly closed that it was impossible to seperate the jaws.
The Nurse told me, that the Umbilical cord had seperated that
Morning - but that the child had nursed until the night
before - Died early the next Morning - In about 1800 cases
of calomel kills only two children cases accurately -

J. C. Wallace M.D.